



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

☒ APPLICATION TO DRILL ☐ DEEPEN ☐ PLUG BACK ☒ FOR AN OIL WELL ☒ OR GAS WELL

NAME OF COMPANY OR OPERATOR PENSE BROS. DRLG. CO., INC.		DATE 3/26/98	
ADDRESS 800 NEWBERRY ST. P.O. Box 551		CITY FREDERICKTOWN	STATE MO
		ZIP CODE 63645	

DESCRIPTION OF WELL AND LEASE

NAME OF LEASE MARKHAM	WELL NUMBER #9	ELEVATION (GROUND) 940
WELL LOCATION (NINE FOOTAGE FROM SECTION LINE)		

WELL LOCATION LOTS 8, 9, & 10	SECTION 5	TOWNSHIP 43N	RANGE 33W	COUNTY CASS
NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE 500 FEET				

DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED - FOR WELL ON THE SAME LEASE **320** FEET

PROPOSED DEPTH 300'	DRILLING CONTRACTOR NAME AND ADDRESS TOWN OIL COMPANY, OPERATOR 16205 W 28TH ST, PAOLA, KS 66071	ROTARY OR CABLE TOOLS ROTARY	APPROX DATE WORK WILL START ON PERMIT
NUMBER OF WELLS ON LEASE 60	NUMBER OF WELLS ON LEASE, INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 5		NUMBER OF ABANDONED WELLS ON LEASE 4

IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED?

NAME PENSE BROS. DRLG. CO., INC.	NO OF WELLS PRODUCING 2
ADDRESS 800 NEWBERRY ST. P.O. Box 551 FREDERICKTOWN, MO 63645	INJECTION 3
STATUS OF BOND <input type="checkbox"/> SINGLE WELL AMOUNT \$	ABANDONED 4
<input checked="" type="checkbox"/> BLANKET BOND AMOUNT \$ 2000000	<input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED

REMARKS (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE; USE BACK OF FORM IF NEEDED.)

N/A

PROPOSED CASING PROGRAM				APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST			
AMOUNT	SIZE	WT/FT	CEM.	AMOUNT	SIZE	WT/FT	CEM.
51'	6 1/4"	14#	7 SAX				
285'	2 7/8"	6.5#	3.8 SAX				

I, the undersigned, state that I am the **PARTNER** of the **TOWN OIL COMPANY** (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct, and complete to the best of my knowledge.

SIGNATURE
Lester Town
LESTER TOWN

DATE

3/26/98

PERMIT NUMBER 20649	<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED	<input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN
APPROVAL DATE 5/14/98	<input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN	<input checked="" type="checkbox"/> DRILL STEM TEST INFO REQUIRED IF RUN
APPROVED BY Jane Holley Williams	<input type="checkbox"/> SAMPLES REQUIRED	
	<input checked="" type="checkbox"/> SAMPLES NOT REQUIRED	
	<input type="checkbox"/> WATER SAMPLES REQUIRED AT	

NOTE ▶ THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION

APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITTEE.

I, _____ of the _____ Company confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized council representative.

SIGNATURE
DATE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

Form OGC-5

☐ NEW WELL ☐ WORKOVER ☐ DEEPEN ☐ PLUG BACK ☒ INJECTION ☐ SAME RESERVOIR ☐ DIFFERENT RESERVOIR ☒ OIL ☐ GAS ☐ DRY

OWNER Town Oil
Pense Bros. Drilling Co., Inc. ADDRESS 800 Newberry St. Fredericktown, Mo. 63645

LEASE NAME Markham WELL NUMBER 93

LOCATION Lots 8, 9 & 10 SEC. TWP. AND RANGE OR BLOCK AND SURVEY 5-43N-33W

COUNTY Cass PERMIT NUMBER (OGC-3 OR OGC-3I) 20649

DATE SPUDDED 10-21-97 DATE TOTAL DEPTH REACHED 10-24-97 DATE COMPLETED READY TO PRODUCE OR INJECT 10-24-97 ELEVATION (DF, RKR, RT, OR Gr.) FEET ELEVATION OF CASING HD. FLANGE FEET

TOTAL DEPTH 282 PLUG BACK TOTAL DEPTH N/A

PRODUCING OR INJECTION INTERVAL(S) FOR THIS COMPLETION 252-260 ROTARY TOOLS USED (INTERVAL) TO TD CABLE TOOLS USED (INTERVAL)

WAS THIS WELL DIRECTIONALLY DRILLED? No WAS DIRECTIONAL SURVEY MADE? WAS COPY OF DIRECTIONAL SURVEY FILED? DATE FILED

TYPE OF ELECTRICAL OR OTHER LOGS RUN (LIST LOGS FILED WITH THE STATE GEOLOGIST) Gamma Ray Neutron enclosed DATE FILED

CASING RECORD

CASING (REPORT ALL STRINGS SET IN WELL - CONDUCTOR, SURFACE, INTERMEDIATE, PRODUCING, ETC.)

PURPOSE	SIZE HOLE DRILLED	SIZE CASING SET	WEIGHT (LB. FT)	DEPTH SET	SACKS CEMENT	AMOUNT PULLED
Surface	9 3/4	6 1/4	14	21	3	0
Completion	5/8	2 7/8	6.5	268	37	0

TUBING RECORD

LINER RECORD

SIZE	DEPTH SET	PACKER SET AT	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
NO IN.	FEET	FEET	INCH	FEET	FEET		FEET

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

NUMBER PER FEET	SIZE AND TYPE	DEPTH INTERVAL	AMOUNT AND KIND OF MATERIAL USED	DEPTH INTERVAL
2	9"/shot	252-260	25 bbls gelled water 5 sx sand	252-260

INITIAL PRODUCTION

DATE OF FIRST PRODUCTION OR INJECTION Unk PRODUCING METHOD (INDICATE IF FLOWING, GAS LIFT, OR PUMPING — IF PUMPING, SHOW SIZE AND TYPE OF PUMP.) Pumping

DATE OF TEST	HOURS TESTED	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED DURING TEST	WATER PRODUCED DURING TEST	OIL GRAVITY
			bbls.	MCF	bbls.	API (CORR.)
TUBING PRESSURE	CASING PRESSURE	CALC'D RATE OF PRODUCTION PER 24 HOURS	OIL	GAS	WATER	GAS OIL RATIO
			bbls.	MCF	bbls.	

DISPOSITION OF GAS (STATE WHETHER VENTED, USED FOR FUEL OR SOLD)

METHOD OF DISPOSAL OF MUD PIT CONTENTS
Hauled off and covered with dirt

CERTIFICATE: I, THE UNDERSIGNED, STATE THAT I AM THE Partner OF THE Town Oil Co. COMPANY, AND THAT I AM AUTHORIZED BY SAID COMPANY TO MAKE THIS REPORT, AND THAT THIS REPORT WAS PREPARED UNDER MY SUPERVISION AND DIRECTION AND THAT THE FACTS STATED THEREIN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE 12-4-98 SIGNATURE Lester Town by djo

Well #9
 Farm: Markham
 Cass County, MO.
 Lease Owner: Pense Bros Drilling Co., Inc.

WELL LOG

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total Depth</u>	
0	Soil & clay	8	
4	Lime	12	
13	Shale	25	
34	Lime	59	
5	Shale & slate	64	
19	Lime	83	
7	Shale & slate	90	
2	Lime	92	
3	Shale & slate	95	
5	Lime	100	Hertha
7	Sandy lime	107	
13	Shale	120	
8	Sand	128	
7	Sandy shale	135	
111	Shale	246	
1	Slate	247	
3	Shale	250	
3	Sand	253	
2	Sandy lime	255	
1	Sand	256	
16	Sandy lime	272	
2	Sand	274	
8	Sandy shale	282	TD

RECEIVED

DEC 14 1998

MO Oil & Gas Council

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 or 800-467-8676

TICKET NUMBER 4612

LOCATION Ottawa

FOREMAN Alan Mader

TREATMENT REPORT

DATE <u>10-24-97</u>	CUSTOMER ACCT # <u>7823</u>	WELL NAME <u>Markham #9</u>	QTR/QTR	SECTION <u>5</u>	TWP <u>43</u>	RGE <u>33</u>	COUNTY <u>Cass. Mo.</u>	FORMATION
CHARGE TO <u>Town 0:1</u>				OWNER				
MAILING ADDRESS <u>16204 W 287th</u>				OPERATOR				
CITY <u>Paola</u>				CONTRACTOR <u>Town</u>				
STATE <u>KS</u> ZIP CODE <u>66071</u>				DISTANCE TO LOCATION <u>45</u>				
TIME ARRIVED ON LOCATION <u>1:00</u>				TIME LEFT LOCATION <u>2:30</u>				

WELL DATA	
HOLE SIZE <u>5 7/8</u>	
TOTAL DEPTH <u>275</u>	
CASING SIZE <u>2 1/2</u>	
CASING DEPTH <u>268</u>	
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORITICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Establish circulation with clean water. Mixed + pumped 1x gel followed by app 5 bbl clean water. Mixed + pumped 37 5x 50/50p2 29 gel. Circulated cem. to surface. Pumped 2 1/2 rubber plug to pin at 268'. Closed valve with 600# pressure.

DEC 14 1998

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	<u>68</u>
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED

TITLE

DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

NSC# 15100